PATENT APPLICATION	SERIAL NO.
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## U.S. DEPARTMENT OF COMMERCE PATENT AND TRADEMARK OFFICE FEE RECORD SHEET

## 05/01/2001 HDEMESS1 00000056 09843918

01 FC:201

355.00 DA

02 FC:202

40.00 DA

03 FC:203

45.00 DA

01/28/2004 EFLORES 00000057 09843918

01 FC:2202

18.00 DA

PTO-1556 (5/87)

## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

Applica	tion or Dock	et Number	•
L	1709	cet Number 3918	P

CLAIMS AS FILED - PART I (Column 1) (Column 2)					SMALL EI	YTITY	OR	OTHER SMALL				
TOTAL CLAIMS			25					RATE	FEE	1	RATE	FEE
FOR			NUMBER FILED		NUME	ER EXTRA		BASIC FEE	355.00	OR	BASIC FEE	710.00
TC	TAL CHARGEA	ABLE CLAIMS	25 mi	nus 20=	٠	5		X\$ 9=	45.0	DR DR	X\$18=	
INC	DEPENDENT CI	LAIMS	4 m	inus 3 =	*	/_		X40=	40.	1 ,	X80=	
MULTIPLE DEPENDENT CLAIM PRESENT								+135≃	7.0	OR	+270=	
* If the difference in column 1 is less than zero, enter "0" in column 2							TOTAL	440.	9R	TOTAL		
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)					(Column 3)	_	SMALL		OR	OTHER SMALL 8		
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE	-	RATE	ADDI- TIONAL FEE
QN.	Total	· 27	Minus	2	5	= 2	X\$ 9=	X\$ 9=	1800	OR	X\$18=	
AME	Independent	NTATION OF ME	Minus		CLAMA	=		X40=		OR	X80=	
	rino i rneoe	NTATION OF MU		• •,				+135=	2	OR	+270=	
BEST AVAILABLE COPY						_	TOTAL DDIT, FEE	[8,00	OR	TOTAL ADDIT. FEE		
		(Column 1)		(Colur		(Column 3)						
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT	1	HIGH NUMI PREVIO PAID	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
Ž	Total		Minus	••		=		X\$ 9=		OR	X\$18=	
AME	Independent	NTATION OF ML	Minus	***	CLAIM	=		X40=		OR	∵X80=	
	THOTFICSE	WATER OF MIC	CHECC DE	LIADCIAI	CEATIVI		' [	+135=		OR	+270=	
	•						• A	TOTAL DDIT. FEE		OR	TOTAL ADDIT, FEE	
		(Column 1)		(Colur		(Column 3)						٠
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUME PREVIO PAID	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE	.2 14	RATE	ADDI- TIONAL FEE
	Total		Minus	**	4	= ' ' ' ' ' ' ' ' '	ŀ	X\$ 9=	ويراج وسأوروه	OR	X\$18=	
AME	Independent	*** / ***	Minus	***	ر مار چود	= ,		X40=		OR'	X80=	
•	FIRST PRESE	NTATION OF MU	JLTIPLE DEI	PENDENT	CLAIM		<b>!</b>					
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.												
***	If the "Highest Nu If the "Highest Nu	mber Previously Pa mber Previously Pa ber Previously Pai	id For IN THI lid For IN THI	S SPACE is S SPACE is	s less that s less tha	n 20, enter "20." n 3, enter "3."	- ^:	ODIT. FEE			TOTAL ADDIT FEE umn 1.	· ·